

NAME
OL NUMBER

OCCUPATIONAL LICENSING SECTION

PROPERTY USE VERIFICATION FOR A VEHICLE LESSOR-RETAILER'S LICENSE

Instructions: This form is to be completed (*in ink*) by an official of the agency responsible for property use in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

In connection with an application for a Vehicle Lessor-Retailer's License to be submitted to the Department of Motor Vehicles by:

APPLICANT'S NAME		PRESENTLY ZONED	
BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

I hereby certify that the property located above is (*check one of the following*):

- ☐ Approved for the operation of a Vehicle Lessor-Retailer's License.
(Office, sign, and display area mandatory.)
- ☐ Approved for the operation of a Vehicle Lessor-Retailer's License.
(Office only. No vehicles displayed or sold at this location.)
- ☐ Not approved for the operation of a Vehicle Lessor-Retailer's business.

SIGNATURE X	TITLE
AGENCY	CITY, COUNTY, OR CITY AND COUNTY
DATE	AREA CODE/TELEPHONE NUMBER ()

